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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	20435-00145-US1
	First Inventor	Laurence G. Dammann
	Title	DUAL CURE REACTION PRODUCTS OF SELF- PHOTOINITIATING MULTIFUNCTION ACRYLATES WITH CYCLOALIPHATIC EPOXY, etc.
	Express Mail Label No.	

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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|---|---|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing) | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or
Computer Program (Appendix) |
| 2. <input type="checkbox"/> Applicant claims small entity status.
See 37 CFR 1.27. | 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary) |
| 3. <input checked="" type="checkbox"/> Specification [Total Pages 30]
(preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table,
or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure | a. <input type="checkbox"/> Computer Readable Form (CRF) |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 2] | b. Specification Sequence Listing on:
i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper |
| 5. Oath or Declaration [Total Sheets 3]
a. <input checked="" type="checkbox"/> Newly executed (original or copy) | c. <input type="checkbox"/> Statements verifying identity of above copies |
| b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed) | |
| i. <input type="checkbox"/> DELETION OF INVENTOR(S)
Signed statement attached deleting
inventor(s) named in the prior application,
see 37 CFR 1.63(d)(2) and 1.33(b). | |
| 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | |

ACCOMPANYING APPLICATIONS PARTS

- | | |
|--|---|
| 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) | |
| 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement
(when there is an assignee) | <input type="checkbox"/> Power of
Attorney |
| 11. <input type="checkbox"/> English Translation Document (if applicable) | |
| 12. <input type="checkbox"/> Information Disclosure
Statement (IDS)/PTO-1449 | <input type="checkbox"/> Copies of IDS
Citations |
| 13. <input type="checkbox"/> Preliminary Amendment | |
| 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
(Should be specifically itemized) | |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s)
(if foreign priority is claimed) | |
| 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).
Applicant must attach form PTO/SB/35 or its equivalent. | |
| 17. <input type="checkbox"/> Other: | |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:


☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____

Prior application information: Examiner _____

Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**19. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number:	30678	OR	<input type="checkbox"/> Correspondence address below
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Name (Print/Type)	John A. Evans	Registration No. (Attorney/Agent)	44,100
Signature		Date	11/14/03